

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038214

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2729

FILED SEP 23 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN ClaytonLength of stay in 1b
DOAc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. County Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (if outside, give location)
109 Dickson St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Richard J. Baldwin III4. DATE OF DEATH Month Day Year
Aug. 30 1963

5. SEX

male

6. COLOR OR RACE
white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Jan 19, 19439. AGE (last birthday)
20IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY
Kansas University11. BIRTHPLACE (City and state or country)
Fernandina, Fla.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Richard J. Baldwin

13b. MOTHER'S MAIDEN NAME

Dawn A. Day

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Richard J. Baldwin 109 Dickson Kirk., Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☒20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
1 car accident (passenger)20c. TIME OF INJURY
Hour Month, Day, Year
5:00 p.m. 8/30/6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
public street20f. CITY, TOWN, OR LOCATION COUNTY STATE
Kirkwood St. Louis Missouri21. I attended the deceased from _____, to _____ and last saw her
him
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond L. Hand

22b. ADDRESS

Coroner Clayton, Missouri

22c. DATE SIGNED

9/4/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

L. H. Bopp Inc. 10610 Manchester Rd.

ADDRESS

Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG.

9-2-63

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

14002

24003

3

4 0

5 0

6

7 1

8 2

9 X

10

11 125

12 92-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyland

Licensed Embalmer No. 4512

P. O. Address Pickens, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1004
2001
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181
8-20